• • • • • • • • • • • • • • • • • • • •	DEC- ARATION FOR PA	TENT APPLICATION	Dacket No.	
As a bolow named inventor	. I horoby ware that:	•		
	•	aw sori is my some		
•	ddrass and citizenship are as stated bel			
I believe I am the original, I names are listed below) of	irst and sole inventor (if only one name the subject matter which is claimed and Hook Attack Y	lot which a butout is sondut ou it	and joint inventor (if plural to invention entitled to the specification of which	
. (chock one) 🖸 is attached	haral a .		• :	
was filed on			•	
as Applicate and was am	on Sorial No	(il applicable).		
I horoby state that I have re	viewed and understand the contents of		, Including the claims, as	
amended by any amendmen	nt referred to above. isclose information which is material to	the examination of this application	n in necordanes with	
This 37, Code of Federal Re		ino uxamination of this applicatio	in in accordance with	
I horoby claim foreign priorit	y bonofits under Title 35, United States clow and have also identified below any			
having a liling data bolora th	nat of the application on which priority is	s claimod.		
Prior Fotoign Application(s)		: •	Priority Claimed	
(Numbor)	(County)	(Day/Month/Year Filod)	☐ Yos ☐ No	
(Number)	(Country)	(Day/Month/Your Fillod)	☐ Yos ☐ No	
(Numbor)	(County)	(Day/Month/Your Filled)	☐ Yos ☐ No	
(Appliedion Number)	I filing date of this application. (Filing Date)	(Status -	(Status - patantad, panding, abandonod)	
Ų l		*		
Application Number)	· (Filing Data)	. (Spine-	(Status - patientid, panding, abandonod)	
Paromiand Tradomark Oillec			l all businoss in tho	
Robert E. Kle	ve, Registration No.19		, 	
	Nobert E. Kleve Robert E. Kleve	at tolophono numbar <u>70</u>	1-772-4311	
Address all correspondence	1103 24th Ave. S	š		
,	Grand Forks Nor			
	•	· · · · · · · · · · · · · · · · · · ·	; *	
poliof ara bollovo <mark>d ta b</mark> o trua; iko a o m ado aro <mark>punishabl</mark> o l	ments medo horoin of my own knowled and further that these statements were by line or imprisonment, or both, under may joopardize the validity of the applic	made with the knowledge that w Section 1001 of Title 18 of the U	villful false statements and the nited States Code and that	
Full name of sole or that laws	inter (given name, family name)	, , , , , , , , , , , , , , , , , , ,	· <u>,</u> · <u> </u>	
nvontor's signaturo <u>Co</u>	estis Stokkland	Dato	2001	
	PEZSTam N. DAKOT		5A	
ost Offico Addroso		operstown,	V.D.	
	58425			
	ontor, # any (givon namo, family namo)	Dato		
orutangle oʻrutnovni bnasos osnobisof		Citizonohip	•	
Pent Office Address				

Applient of Patr 8: CURT, 5 STOKK AND Actorney's Doctor No. 1
filed or Issuedi
For: HOOL ATTACK WENT VEULCE
VERIFIED STATEMENT (DELLARATION) CLADRIC SWILL ENTRY STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR
As a below named inventor, I hereby doclare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled
(% the specification filed herewith: () application serial no
I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 GFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 GFR 1.9(d) or a nonprofit organization under 37 GFR 1.9(e).
Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:
<pre>[X] no such person, concern, or organization [] persons, concerns or organizations listed below*</pre>
NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)
FILL FORE
ADDRESS [] NONPROFIT ORGANIZATION
FULL NAME
ADDRESS [] POIVIDUAL [] SYMLL BUSINESS CONCERN [] NON-PROFIT ONG-WIZZTICN
FULL NAME
ADDRESS [] DEDIVIDUAL [] SWALL BUSINESS CONCERN [] NONPROFIT OF GRANTIZATION
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitiement to small entity status prior to paying, or at the time of paying, the carliest of the issue fee or any maintenance the after the date on which status as a small entity is no longer appropriate. (17 Ct 1.28(b))
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fire or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may recpardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
CURTISSTOKKE LAND. NIME OF ENVENOR NAME OF ENVENCE
Cirtis Streeten Signature of Inventor Signature of Inventor
7-20-2001
Date Date Date
<u> </u>
Name of INVENTOR Name of INVENTOR